

## EMD Training

### COMMUNICATIONS TRAINING TASKS/GUIDES

Name: \_\_\_\_\_

#### **I. EMD**

*The trainee shall develop an understanding of the dispatch responsibilities and functions when processing medical assist calls.*

#### **1. The trainee shall be familiar with the following EMD Protocols:**

|  | Discussed /<br>Demonstrated | Accomplished<br>C.T.O. Initials | Accomplished<br>C.T.O. Initials | Acknowledged<br>Trainee's Initials |
|--|-----------------------------|---------------------------------|---------------------------------|------------------------------------|
| Case Entry Protocol  |                             |                                 |                                 |                                    |
| 1 – Abdominal Pain/Problems                                  |                             |                                 |                                 |                                    |
| 2- Allergies (Reactions)/Envenomation (Stings, Bites)        |                             |                                 |                                 |                                    |
| 3 – Animal Bites/Attacks                                     |                             |                                 |                                 |                                    |
| 4- Assault/Sexual Assault                                    |                             |                                 |                                 |                                    |
| 5 – Back Pain (Non-Traumatic or Non-Recent Trauma)           |                             |                                 |                                 |                                    |
| 6 – Breathing Problems                                       |                             |                                 |                                 |                                    |
| 7 – Burns (Scalds)/Explosion (Blast)                         |                             |                                 |                                 |                                    |
| 8- Carbon Monoxide / Inhalation/Hazmat /CBRN                 |                             |                                 |                                 |                                    |
| 9 – Cardiac or Respiratory Arrest/Death                      |                             |                                 |                                 |                                    |
| 10 – Chest Pain (Non-Traumatic)                              |                             |                                 |                                 |                                    |
| 11 – Choking   |                             |                                 |                                 |                                    |
| 12 – Convulsions/Seizures                                    |                             |                                 |                                 |                                    |
| 13 – Diabetic Problems                                       |                             |                                 |                                 |                                    |
| 14 – Drowning (Near) / Diving / Scuba Accident               |                             |                                 |                                 |                                    |
| 15 – Electrocution / Lightning                               |                             |                                 |                                 |                                    |
| 16 – Eye Problems / Injuries                                 |                             |                                 |                                 |                                    |
| 17 – Falls   |                             |                                 |                                 |                                    |
| 18 – Headache  |                             |                                 |                                 |                                    |
| 19 – Heart Problems / A.I.C.D                                |                             |                                 |                                 |                                    |
| 20 – Heat / Cold Exposure                                    |                             |                                 |                                 |                                    |
| 21 – Hemorrhage / Lacerations                                |                             |                                 |                                 |                                    |
| 22 – Inaccessible Incident / Other Entrapments (Non-Vehicle) |                             |                                 |                                 |                                    |
| 23 – Overdose / Poisoning (Ingestion)                        |                             |                                 |                                 |                                    |
| 24 – Pregnancy / Childbirth / Miscarriage                    |                             |                                 |                                 |                                    |
| 25 – Psychiatric / Abnormal Behavior / Suicide Attempt       |                             |                                 |                                 |                                    |
| 26 – Sick Person (Specific Diagnosis)                        |                             |                                 |                                 |                                    |
| 27 – Stab / Gunshot / Penetrating Trauma                     |                             |                                 |                                 |                                    |
| 28 – Stroke (CVA) / Transient Ischemic Attack (TIA)          |                             |                                 |                                 |                                    |
| 29 – Traffic / Transportation Incidents                      |                             |                                 |                                 |                                    |
| 30 – Traumatic Injuries                                      |                             |                                 |                                 |                                    |
| 31 – Unconscious / Fainting (Near)                           |                             |                                 |                                 |                                    |
| 32 – Unknown Problem (Man Down)                              |                             |                                 |                                 |                                    |
| 33- Transfer / Inter-facility / Palliative Care              |                             |                                 |                                 |                                    |
| X – Case Exit Card   |                             |                                 |                                 |                                    |

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|  |                          |                              |                              |                                 |
|--|--------------------------|------------------------------|------------------------------|---------------------------------|
| <b>I. EMD</b>                                    |                          |                              |                              |                                 |
| <b>1. Protocols: continued:</b>                  |                          |                              |                              |                                 |
|  | Discussed / Demonstrated | Accomplished C.T.O. Initials | Accomplished C.T.O. Initials | Acknowledged Trainee's Initials |
| <b>Airway/Arrest/Choking (Unconscious):</b>      |                          |                              |                              |                                 |
| A – Infant                                       |                          |                              |                              |                                 |
| B – Child  |                          |                              |                              |                                 |
| C – Adult  |                          |                              |                              |                                 |
| Choking (Conscious) Adult/Child/Infant           |                          |                              |                              |                                 |
| Childbirth                                       |                          |                              |                              |                                 |
| Tracheostomy (Stoma) Airway/Arrest/Choking       |                          |                              |                              |                                 |
| AED Support                                      |                          |                              |                              |                                 |
|  |                          |                              |                              |                                 |
| <b>Diagnostic:</b>                               |                          |                              |                              |                                 |
| Aspirin Diagnostic                               |                          |                              |                              |                                 |
| Stroke Diagnostic                                |                          |                              |                              |                                 |
| Sinking Vehicle (Case Entry Selection, Card Set) |                          |                              |                              |                                 |
| Stuck Accelerator (Icon at Top, Card Set)        |                          |                              |                              |                                 |
| Contractions Timer                               |                          |                              |                              |                                 |
| Breathing Diagnostic                             |                          |                              |                              |                                 |
| Suspect Information                              |                          |                              |                              |                                 |

  

|  |                          |                              |                              |                                 |
|--|--------------------------|------------------------------|------------------------------|---------------------------------|
| <b>2. The trainee will understand and demonstrate the ability to operate ProQA. Medical Calls will be processed using the ProQA system when available.</b> |                          |                              |                              |                                 |
|  | Discussed / Demonstrated | Accomplished C.T.O. Initials | Accomplished C.T.O. Initials | Acknowledged Trainee's Initials |
| Case Entry   |                          |                              |                              |                                 |
| Key Questions  |                          |                              |                              |                                 |
| PDI/CEI  |                          |                              |                              |                                 |
| DLS  |                          |                              |                              |                                 |
| Summary  |                          |                              |                              |                                 |
| Top Icons  |                          |                              |                              |                                 |
| Additional Information Tabs  |                          |                              |                              |                                 |
| Overriding Determinant Level   |                          |                              |                              |                                 |
| Send Icon  |                          |                              |                              |                                 |
|  |                          |                              |                              |                                 |

  

|   |                          |                              |                              |                                 |
|---|--------------------------|------------------------------|------------------------------|---------------------------------|
| <b>3. The trainee will be familiar with the following areas and procedures involving ProQA.</b> |                          |                              |                              |                                 |
|   | Discussed / Demonstrated | Accomplished C.T.O. Initials | Accomplished C.T.O. Initials | Acknowledged Trainee's Initials |
| Callers Statement   |                          |                              |                              |                                 |
| Fast Track  |                          |                              |                              |                                 |
| M - Multiple Victims  |                          |                              |                              |                                 |
| Going into ProQA of another dispatcher  |                          |                              |                              |                                 |
| Patient information vs Location Information   |                          |                              |                              |                                 |
| Reconfiguring   |                          |                              |                              |                                 |
| Manual Shunt  |                          |                              |                              |                                 |

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|  |                          |                              |                              |                                 |
|--|--------------------------|------------------------------|------------------------------|---------------------------------|
| Additional Information Tabs  |                          |                              |                              |                                 |
| Entering DOB by year   |                          |                              |                              |                                 |
| Going to Specific PAI (Target, Options)  |                          |                              |                              |                                 |
| Overriding the Code  |                          |                              |                              |                                 |
| Expected Death (Not signed off on, cannot select)  |                          |                              |                              |                                 |
| "Blue is for You"  |                          |                              |                              |                                 |
| Additional call types:   |                          |                              |                              |                                 |
| x-send fire 01 Abdominal Pain  |                          |                              |                              |                                 |
| x-send fire 03 Animal Bites/Attacks  |                          |                              |                              |                                 |
| x-send fire 05 Back Pain   |                          |                              |                              |                                 |
| x-send fire 16 Eye Problems  |                          |                              |                              |                                 |
| x-send fire 18 Headache  |                          |                              |                              |                                 |
| x-send fire 20 Heat-Cold Exposure  |                          |                              |                              |                                 |
| x-send fire 26 Sick Person   |                          |                              |                              |                                 |
| x-send fire 33 Transfer  |                          |                              |                              |                                 |
|  |                          |                              |                              |                                 |
| <b>4. The trainee will review the following in depth. These tend to be areas with the most question and confusion.</b> |                          |                              |                              |                                 |
|  | Discussed / Demonstrated | Accomplished C.T.O. Initials | Accomplished C.T.O. Initials | Acknowledged Trainee's Initials |
| Suicidal Vs. Hemorrhage/Overdose/Stab/Gunshot  |                          |                              |                              |                                 |
| Obvious Death Questionable (i.e. cold but not stiff)   |                          |                              |                              |                                 |
| Heart Attack – Protocol 10   |                          |                              |                              |                                 |
| Breathing Detector, Protocol 9 (only if call-taker suspects breathing not normal)                                      |                          |                              |                              |                                 |
| Protocol 26 – Withdrawals  |                          |                              |                              |                                 |
| Alcohol Overdose (Not Overdose)  |                          |                              |                              |                                 |
| Breathing Uncertain  |                          |                              |                              |                                 |
| Not Conscious/Not Breathing  |                          |                              |                              |                                 |
| Protocol 33  |                          |                              |                              |                                 |
| Protocol # vs. Call Type (i.e. Assault, Carbon Monoxide, Accident)   |                          |                              |                              |                                 |
|  |                          |                              |                              |                                 |
| <b>5. EMD related Training</b>   |                          |                              |                              |                                 |
|  | Discussed / Demonstrated | Accomplished C.T.O. Initials | Accomplished C.T.O. Initials | Acknowledged Trainee's Initials |
| EMD Journals   |                          |                              |                              |                                 |
| EMD CD Training  |                          |                              |                              |                                 |
| EMD In-Services  |                          |                              |                              |                                 |
|  |                          |                              |                              |                                 |
|  |                          |                              |                              |                                 |